MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/519864

FILING DATE

APPLICANT(S)

CLAIMS

CLAIM	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.	CLAIM	* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
1							51		/				
2							52		i				⁓
3							53		i				
4							54						
5							55		i				
6							56	i					
7							57		i				
8							58		i				
9							59		i				
10							60		i				
11							61		i				
12							62		i				
13							63		i				
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70		i				
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28	i						78						
29		i					79						
30		i					80						
31		i					81						
32		i					82						
33		i					83						
34		i		i			84						
35		i		i			85						
36		i					86						
37		i					87						
38		i					88						
39	i	i					89						
40		i					90						
41							91						
42		i					92						
43							93						
44		i					94						
45							95						
46							96			i			
47		i					97						
48		i					98						
49		i					99						
50		i					100						
TOTAL IND.							TOTAL IND.	2					
TOTAL DEP.							TOTAL DEP.	34					
TOTAL CLAIMS							TOTAL CLAIMS	36					

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS   U.S. DEPARTMENT of COMMERCE
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